

SERIAL NUMBER 09/444,507	FILING DATE 11/22/99	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. VPR-001US
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APPLICANT

ANDREW L. DIRIENZO, ELIZAVILLE, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/109,453 11/23/98

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
Examiner's Initials \_\_\_\_\_ Initials \_\_\_\_\_ADDRESS  
WESTERLUND & POWELL PC  
122 N ALFRED STREET  
ALEXANDRIA VA 22314-3011TITLE  
METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE  
THEREFOR

FILING FEE RECEIVED \$419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 8746

SERIAL NUMBER 09/444,507	FILING DATE 11/22/1999  RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. VPR-001US
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## APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/109,453 11/23/1998

*CB* verified

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*CB* none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/15/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	NY	14	18	4
Verified and Acknowledged	<i>Carol Black CB</i> Examiner's Signature Initials				

## ADDRESS

WESTERLUND & POWELL PC  
 122 N ALFRED STREET  
 ALEXANDRIA , VA  
 223143011

## TITLE

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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Credit

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Bib Data Sheet

CONFIRMATION NO. 8746

SERIAL NUMBER 09/444,507	FILING OR 371(c) DATE 11/22/1999 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. VPR-001US
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**APPLICANTS**

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/109,453 11/23/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 12/15/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4

**ADDRESS**

37119

**TITLE**

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE RECEIVED 503	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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